

MDR Tracking Number: M5-04-2667-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-7-03.

The IRO reviewed medical necessity of work hardening program, office visits, functional capacity evaluation, nerve conduction study, and H/F reflex study.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 17, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-7-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	MGR (I)(B)(1)(b)	MAR reimbursement of \$48.00 is recommended.
2-7-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 is recommended.
2-7-02	97265	\$43.00	\$0.00	No EOB	\$43.00		MAR reimbursement of \$43.00 is recommended.
2-7-02	97122	\$35.00	\$0.00	No EOB	\$35.00		MAR reimbursement of \$35.00 is recommended.
2-12-02	99213	\$48.00	\$0.00	No EOB	\$48.00	E/M GR (VI)	MAR reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$217.00.

ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 99213MP, 99213, 97265, 97250 and 97122 in the amount of **\$217.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$217.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-2667-01
Name of Patient:	
Name of URA/Payer:	Central Dallas Rehab
Name of Provider:	Central Dallas Rehab
(ER, Hospital, or Other Facility)	
Name of Physician:	Ted Krejci, DC
(Treating or Requesting)	

July 9, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports an injury to his wrists and back at work occurring when he fell carrying a heavy load on _____. He appears to have presented initially to Dean Allen, DC and Ted Krejci, DC and underwent extensive chiropractic care, physical therapy and work-hardening rehabilitation. X-rays were found essentially normal. MRI performed 11/06/01 suggests mild posterior disc bulge at L4/5 without nerve root or thecal sac involvement. Nerve conduction studies are found within normal limits. Chiropractic treatment notes are submitted from 11/01/01 to 04/02/02 only. Ongoing treatment appears to be with myofascial release, joint

mobilization and manual traction with subjective pain levels largely unchanged during this course of treatment.

REQUESTED SERVICE(S)

Determine medical necessity for office visits (99213) for dates of service in dispute 03/05/03, 03/07/03 and 04/11/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for these ongoing treatments and services (03/05/03 through 04/11/03) **are not supported** by available documentation. Ongoing therapeutic modalities of this nature suggest little potential for further restoration of function or resolution of symptoms at 2+ years post injury. In addition, this file contains no supporting documentation from provider concerning dates of services in dispute.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. J Man Manip Ther 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. [Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.](#)

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more

information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.